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MEMORANDUM

TO: Health Officers **H.O.# 03-018**
Nursing Directors
Communicable Disease Directors

FROM: Leslie Edwards, MHS, Chief (Acting)
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THROUGH: David Blythe, MD, MPH
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SUBJECT: Sudden Acute Respiratory Syndrome Information (SARS) – Update #1

This memo contains the following items relating to the SARS investigation:

I. Information about the SARS outbreak
II. SARS case definitions
III. MERSS data entry information for SARS case reports
IV. CDC's interim guidelines for state and local health departments (attachment)
V. CDC's guidelines for healthcare providers (attachment)
VI. DHMH's interim SARS intake form (attachment)
VII. Laboratory testing recommendations
VIII. Infection control guidance

I. Information about the SARS outbreak

The District of Columbia, Maryland and Virginia health departments are recommending increased surveillance for patients with atypical pneumonia and possible Severe Acute Respiratory Syndrome (SARS). This recommendation is being made after the World Health Organization (WHO) issued an emergency travel advisory. CDC activated its emergency operations center on Friday, March 14, upon learning of several cases reported in Canada among travelers recently returned from Southeast Asia and their family members.

The Centers for Disease Control and Prevention (CDC) and the World Health Organization are currently investigating outbreaks of Influenza A (H5N2) and atypical

pneumonias in Hong Kong, Viet Nam, Thailand, Singapore, Indonesia, Canada, the Philippines, and China, in which fatalities occurred. Cases have involved community-acquired infections and hospital acquired infections among healthcare workers who cared for infected patients. To date, the CDC and the WHO have not found a link between these investigations.

Initial presentation may include a flu-like illness (rapid onset of high fever >38 degrees Centigrade-followed by respiratory symptoms including cough, shortness of breath, difficulty breathing, along with muscle aches, headaches and sore throat). Early laboratory findings may include thrombocytopenia and leukopenia. In some, but not all cases this is followed by bilateral pneumonia, which may progress to acute respiratory distress syndrome (ARDS) requiring mechanical ventilation.

There is presently no recommendation for people to restrict travel to any destination, however travelers including airline crew and travel personnel should be aware of the symptoms and signs of SARS. Persons who either have had close contact with an individual diagnosed with SARS, or a recent history of travel to areas reporting cases of SARS, should also be alert to symptoms.

II. SARS case definitions

Using guidance from the WHO, a ***suspect SARS case*** must have an onset of illness after February 1, 2003 with the following 3 criteria:

1. Fever ($\geq$38°C or $\geq$100°F)
2. One or more signs or symptoms of respiratory illness including:
   a. Cough
   b. Shortness of breath
   c. Difficulty breathing
   d. Hypoxia
   e. Radiographic findings of pneumonia
   f. Respiratory Distress
3. History of travel to Hong Kong or Guangdong Province in People's Republic of China, or Hanoi, Vietnam, within seven days of symptom onset *OR* close contact with persons with respiratory illness having the above travel history. Close contact includes having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with SARS.

A ***probable SARS case*** must be a suspect SARS case with at least one of the following:

1. Chest x-ray findings of pneumonia or respiratory distress syndrome
2. Unexplained respiratory illness resulting in death, with an autopsy examination demonstrating the pathology of respiratory distress syndrome without an identifiable cause.

III. MERSS data entry information for SARS case reports

The following disease codes have been added to MERSS so that any suspect, probable, or confirmed cases of severe acute respiratory syndrome (SARS) may be entered immediately:

Disease Name (EVENTNAME): SEVERE ACUTE RESPIRATORY SYN

Disease Group Name (DISEASEGRP): SARS-SEV ACUTE RESP SYN

Addition information about case definitions will follow. "Suspect" is probably the most appropriate STATUS code to use for any initial reports that will require further case investigation.

IV. CDC's interim guidelines for state and local health departments (included as an attachment)

CDC prepared a document including guidance information for health departments about the SARS investigation. This document is included as an attachment to this email.

V. CDC's interim information and recommendations for healthcare providers (included as an attachment)

CDC prepared a document to give to healthcare providers which includes information about the SARS investigation. This document is included as an attachment to this email.

VI. DHMH's interim SARS consultation form (attachment)

CDC is in the process of preparing data collection instruments for the SARS investigation. These documents will be forwarded to you as soon as they are available. In the meantime, use the DHMH's interim SARS consultation form to collect information about persons identified to call to report possible SARS-related illnesses. Please notify DHMH immediately about any possible or suspect SARS cases by calling 410-767-6677 and fax a copy of the consultation form to 410-669-4215.

VII. Laboratory testing recommendations

Refer any concerned callers (including probable and suspect SARS cases) to their primary care provider (PCP) for laboratory testing. If the caller does not have a regular PCP, consider facilitating testing for influenza at the local health department. At this point, limit submission of possible specimens to those that can be tested for influenza, mycoplasma, and other viruses. This would require using only two types of collection kits (i.e., for influenza and other viruses and for mycoplasma). Label all specimens submitted with the DHMH outbreak # 2003-146.

Specimens for influenza should be submitted using the Lab's kit #33 (viral throat swab with viral transport media). This kit also can be used for other viruses but the requisition form should state what other viral testing is wanted, if any, aside from influenza testing.

Specimens for mycoplasma IgG and IgM serology (both acute and convalescent bloods) should be submitted in a red-top blood collection tube. Specimens for mycoplasma culture should be submitted using the Lab's kit #19 (mycoplasma kit).

The media associated with kits #19 and #33 must be refrigerated upon receipt and until used. Kit requests may be made by calling 410-767-6020.

When seeing a suspect or probable SARS case, make sure to follow the infection control guidance principles recommended by CDC; this information is included under point VIII below.

If a physician or hospital wants to submit such things as bronchoalveolar lavage fluid, transbronchial aspirates, etc., the Lab will need 5 mls of these fluids and they also should be submitted in a viral transport medium if not immediately deliverable to the Lab.

VIII. Infection control guidance

Initial guidance distributed by DHMH recommended barrier precautions for suspected SARS cases. This term "barrier precautions" is used by the WHO. For US facilities, suspected SARS cases should be managed using droplet and airborne precautions.

For more information about infection control, please see the following information on the CDC website: www.cdc.gov/ncidod/hip/ISOLAT/Isolat.htm

If you have any questions about this investigation, please contact the Center for Clinical Epidemiology at 410-767-6700.

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